

DRIVING WITH DATA:

Creating a Project That Is Informed by
Feedback from Your Community



OBJECTIVES

- 1. Learn two ways to gather feedback from a project's audience and use it to inform and the direction the project heads.
- 2. Obtain at least two new resources that have been created directly from data driven by Project Connect that they may use in their locality.
- Consider two ways participants can apply this learning to creating a data driving project of their own.

PROJECT CONNECT - OHIO

- ◉ In 2010, the Ohio Domestic Violence Network applied for and received funding for Project Connect
- ◉ Application process was collaborative and informed by multiple stakeholders and Ohio specific data



ORIGINAL STAKEHOLDER LIST

- ◉ Ohio Domestic Violence Network
- ◉ Ohio Alliance to End Sexual Violence
- ◉ Ohio Department of Health
- ◉ Ohio Department of Mental Health
- ◉ Ohio Department of Drug and Alcohol Addiction Services
- ◉ Ohio Department of Education
- ◉ Ohio State University
- ◉ Health Policy Institute of Ohio
- ◉ Planned Parenthood of Southwest Ohio
- ◉ Mental Health America of Licking County (PAVE)
- ◉ Views from a Tree House
- ◉ Cleveland Rape Crisis Center
- ◉ Domestic Violence Shelter, Inc. (Mansfield, OH)

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- Learned that ODH Title X family planning clinics saw nearly 60,000 unduplicated patients in 2009
 - ODH family planning clinics were mandated to screen for DV
 - 59 patients screened positively for DV in 2009
- What's wrong with this picture?
- According to national prevalence data what percentage of women who visit family planning clinics should screen positively for DV?

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- Project Connect Ohio proposed to make a difference in identification, referral, and primary prevention of SV/IPV and reproductive coercion (RC) for women and adolescents



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What we knew going in:

Related to Family Planning:

- Survey of Ohio's DV Programs found staff were hesitant to screen women for issues related to reproductive health, HIV/AIDS and needed training and staff development

Related to Adolescent Health:

- Passage of HB 19 that mandates dating violence awareness and prevention in grades 7 - 12
- Passage of HB 10 that allows for civil protection orders to be issued for perpetrators under 18 years of age

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What we needed to know moving forward:

Related to Family Planning:

- ◉ What were provider barriers that caused a low rate of positive screens?
- ◉ What were local DV program barriers for talking with clients about reproductive health?



Related to Adolescent Health:

- ◉ What are best practices for working with youth who may be victimized by relationship partners?

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How we found answers to our questions:

- ◉ Conducted key informant interviews and focus group interviews with family planning providers
- ◉ Conducted focus group interviews and developed an online survey for teens
- ◉ Conducted focus group interviews with staff members and clients (separately) of selected Ohio DV programs



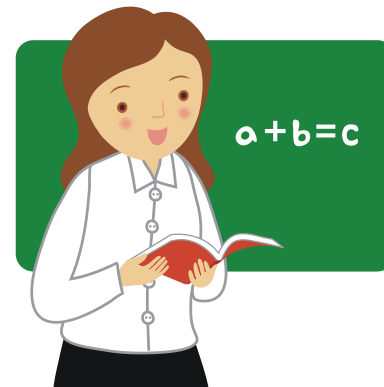
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Then what?

- ◉ Data from providers informed creation of the *Healthcare Professionals Guide and Manual*
- ◉ Data from teens informed creation of *Teen Relationship Violence Resource Guide for Increasing Safety*
- ◉ Data from DV program staff and clients informed creation of a brochure, a staff training curriculum, and support group module for increasing comfort for talking about sexual health

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Lessons Learned?

- ◉ Driving with Data takes longer and the results speak for themselves
- ◉ Buy-in from family planning practitioners has been great because products were created with their input
- ◉ TRV Resource Guide is in demand in Ohio and across the country as a model for best practices (which was informed by teens!)
- ◉ DV Program staff and clients will be better served

RESOURCES

- ◉ Teen Relationship Violence Resource Guide for Increasing Safety:
<http://www.odvn.org/images/stories/TeenRelationshipResourceGuide2011.pdf>
- ◉ Brochure: Did You Know Sexual and Intimate Partner Violence Affects Your Health?
<http://www.odvn.org/images/stories/sexualhealthbrochure.pdf>
- ◉ A Resource Guide for Healthcare Professionals on Intimate Partner Violence:
<http://www.odvn.org/images/stories/pdf/2012ResourceGuideProf.pdf>
- ◉ A Resource Manual for Healthcare Professionals on Intimate Partner Violence:
http://www.odvn.org/images/stories/pdf/Resource_Manual_for_Healthcare_Professionals.pdf

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Want to learn more about Project Connect - Ohio? Contact:

Rebecca Cline

Prevention Programs Director

Ohio Domestic Violence Network

330-725-8405 or rebeccac@odvn.org

Laura Schumm

Project Connect Coordinator

Ohio Domestic Violence Network

614-781-9651 x 234 or lauras@odvn.org

WWW.odvn.org

Germaïne Tizzano

President/Founder

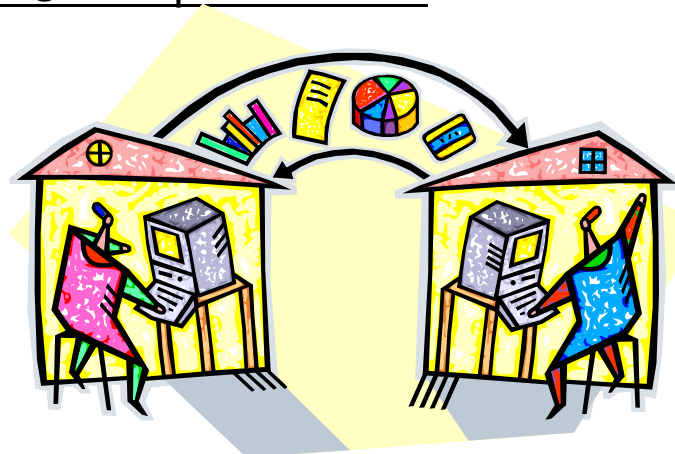
Views From A Tree House, Inc.

769 Summertree Lane

Westerville, OH 43081

(p) 614-448-7623

gtizzano@wideopenwest.com





The comprehensive resource on domestic violence

Project Connect Resources

Teen Relationship Resource Guide for Increasing Safety:

http://www.odvn.org/images/stories/TeenRelationshipGuidewithCorrectP7_Final_10.25.10.pdf

Resource Guide for Healthcare Professionals on Intimate Partner Violence (short version): <http://www.odvn.org/images/stories/pdf/2012ResourceGuideProof.pdf>

Resource Manual for Healthcare Professionals on Intimate Partner Violence (long version):

http://www.odvn.org/images/stories/pdf/Resource_Manual_for_Healthcare_Professionals.pdf

Did You Know? Sexual and Intimate Partner Violence Affects Your Health (brochure for clients of domestic and sexual violence programs):

<http://www.odvn.org/images/stories/sexualhealthbrochure.pdf>

Reproductive Health and Partner Violence Guidelines:

http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Repro_Guide.pdf

Hanging out or Hooking up? Screening Cards from Futures Without Violence:

http://www.futureswithoutviolence.org/userfiles/file/HealthCare/5026_Teen_English_PSC_cropped.pdf

Patient Education Safety Cards: <http://fvpfstore.stores.yahoo.net/safetycards1.html>

Reproductive Health Provider Tools: <http://fvpfstore.stores.yahoo.net/obchadhe.html>

Project Connect Key Informant Interview for Family Planning Clinic Staff

Introduction: Good morning, (afternoon,)(evening), my name is Sandra Ortega and I'm the evaluator working with the Ohio Project Connect initiative funded by the Family Violence Prevention Fund and this is my colleague _____ from the Ohio Domestic Violence Network. We appreciate that you agreed to talk with us today about the process you use to collect information on domestic violence, teen dating violence, sexual violence and reproductive coercion. Our goal is to gain insight into what you do and how you do it so That we can create useful guidelines to collect information and link clients with needed services in the community.

The information that you provide us today will be used specifically to inform our work in redeveloping guidelines for screening and assessing intimate partner violence, sexual violence, teen relationship violence and reproductive coercion in Ohio Department of Health-funded family planning clinics. We will not use any of your names and your comments will not be directly linked with you in any of our documentation or reporting. We appreciate candor in responding to the items below and assure you that what you say will in no way impact your employment or funding. We would like at this point to ask if anyone has any reservations about us using a tape recorder so that we can be sure to capture all of your responses for the analyses that we will be doing later. Prior to us starting the tape recorder, does anyone have any questions? Let's go around the table and introduce yourselves and your role in the family planning agency.

Okay then let's begin.

- 1) Please describe the current guidelines that you use with clients that visit your agency for reproductive health services.
 - a. About how much time in general do you spend with each client?
 - b. Are there different guidelines for adolescents and adults? If so, what are the differences in the guidelines?

- 2) Do you currently use an assessment tool (or tools) to determine if domestic violence, sexual violence and reproductive coercion is occurring in the client's life?
 - a. What is the name of the assessment tool? May we have a copy of this tool?

- 3) What do you do when:
 - a. a client discloses domestic or sexual violence to you? or
 - b. they indicate on the patient history form that they do not feel safe in their current relationship? or
 - c. they have a history of sexual abuse? or
 - d. respond that partner won't allow use of birth control OR relying on partner's method of birth control?

- 4) What do you do when a client discloses reproductive coercion to you?
 - a. Are the responses different for an adolescent (ages 10-19) and adult? If so, what are the differences in responding to disclosure?
- 5) What type of training have you had for assessing intimate partner violence, sexual violence, /teen relationship violence and reproductive coercion?
- 6) What type of training have you had to help you respond to disclosure of domestic, sexual, teen relationship violence and reproductive coercion?

Ohio Department of Health funded family planning agencies data currently indicates less than one percent of the clients report disclosure of domestic violence or intimate partner violence (sexual violence/sexual coercion/reproductive coercion in this context could be all of the above or some of the above.) This level of self-disclosure is clearly in stark contrast to the estimated lifetime prevalence of Intimate Partner Violence for women in Ohio which is actually between 20 and 25%.

1. Based on your experience in your family planning agency what do you see as contributing factors to the large discrepancy in reporting?
2. Based on your experience in your family planning agency, what barriers to screening do you see for domestic violence, intimate partner violence, sexual violence, sexual and reproductive coercion and teen relationship violence?
3. Based on your experience in your family planning agency, what barriers do you see preventing clients disclosing that they are in a violent relationship?
4. What do you believe you need to know in order to screen for domestic violence or intimate partner violence, sexual violence, sexual and reproductive coercion and teen relationship violence in a way that might result in disclosure for clients who are in an unhealthy relationship?
5. What type of training do you think you and your colleagues would need to improve screening for domestic violence and intimate partner violence?

6. What do you think needs to be addressed in the proposed new guidelines to assist you in providing proper assessment and referral for domestic violence, intimate partner violence, sexual violence, and teen relationship violence, sexual and reproductive coercion?
7. What do you think facilitates your capacity to ask clients about domestic violence, intimate partner violence, sexual violence, sexual and reproductive coercion and teen relationship violence?
8. What do you see as the barriers in screening clients for domestic violence, intimate partner violence, sexual violence, sexual and reproductive coercion and teen relationship violence?
Prompts:
 - a) Privacy situations such as partners who may accompany the client to the visit?
 - b) Not knowing the referral system for supportive services in the community?
 - c) Lack of training and capacity to complete thorough screenings and referrals?
 - d) Lack of community resources for client referrals?
 - e) Others???
9. Is there anything else that you think we need to know that will inform us in redeveloping guidelines for screening and assessing for domestic violence, intimate partner violence, sexual violence, reproductive coercion , sexual coercion and teen relationship violence in your community?

This concludes the key informant interview process. On behalf of Project Connect, Ohio Domestic Violence Network, Ohio Department Health and my colleague, I would like to thank you for your participation in providing this very helpful and informative information. The next steps of this process will include processing your responses. I would like to send you a copy of the transcript so that you can verify I have accurately captured the information you provided. Please write down the e-mail address where I can send you the transcript. Once you verify the accuracy of the transcript we will use that information to guide the next steps of our process, which is drafting the guidelines. In the meantime if you have any questions you can contact me at ortega.12@osu.edu or my colleague, Rebecca Cline, at rebeccac@odvn.org or you may call Rebecca at 330-725-8405. Thank you again for your participation in this important project.

Explanation of Procedures

This interview is designed to solicit input from the family planning clinic staff to gain insight into what you do and how you do it so Ohio's Project Connect can create useful guidelines to collect information and link clients with needed services in the community. The information that you provide us today will be used specifically to inform our work in redeveloping guidelines for screening and assessing intimate partner violence, sexual violence, teen relationship violence and reproductive coercion in the state of Ohio.

Risks and Discomforts

There are no risks or discomforts that are anticipated from your participation in the interview.

Benefits

The anticipated benefit of participation is the opportunity to provide input into creating useful guidelines that will inform your work as well as others across the State of Ohio and assist clients in linking with community resources.

Confidentiality

The information gathered during this interview will remain confidential in a locked draw during this project. Only the evaluator and leadership team of Project Connect will have access to the information. There will not be any identifying names on the tapes or interview transcripts, and participant's names will not be available to anyone. The tapes and or transcripts will be destroyed at the completion of the study. The results will not be shared with your supervisor or anyone else from the family planning clinic and will be held in confidence and used only for informing the development of the guidelines.

Withdrawal without Prejudice

Participation in the interview is voluntary; refusal to participate will involve no penalty. You are free to withdraw consent and discontinue participation in this project at any time without prejudice from Project Connect, Ohio Domestic Violence Network or the Ohio Department of Health. Should you have any questions regarding the project or your informed consent please feel free to contact Sandra Ortega, Ph.D. Project Connect Evaluation Consultant, phone: 614-898-0070 or e-mail Ortega.12@osu.edu or Rebecca Cline, LISW-S, ACSW, Prevention Programs Director, 614-781-9651 or by e-mail rclineodvn@aol.com.

Participant's initials:

Date:

Witness's initials:

Date:

Project Connect Summary Key Informant Interviews of Family Planning Staff

September 6, 2010

During the months of July and August of 2010, Project Connect Evaluator, Sandra Ortega and Project Connect Liaison to Ohio Department of Health, Lisa Fry, conducted interviews with 17 family planning staff in our four pilot project agencies: KnoHoCo-Ashland Community Action Commission serving Knox, Coshocton and Ashland counties; Huron County General Health District; Wood County Health Department; and Public Health of Dayton & Montgomery County, serving Montgomery County.

The Key Informant Interviews provided Project Connect with first-hand information on how they screen, assess and refer a patient who presents with reproductive and sexual violence and/or coercion problems. All of the staff felt comfortable asking the questions but were uncertain if the questions themselves were appropriate or if they were asking them in the correct manner. One practitioner is very aware of subtleties like asking the screening questions before the patient puts on an exam gown, sitting on a stool below the patient (putting the patient in a dominant position) and making eye contact while asking these particular questions.

Given that the Ohio Department of Health (ODH) data shows less than 1% of patients disclose sexual or reproductive violence/coercion to family planning agencies, we know there is room for improvement and staff is eager to have better tools and skills for screening, assessing and referring, as well as building relationships with their local domestic violence and sexual violence shelters.

Common Themes

Staff has had little or no training on dv/sv or coercion.

Staff has between 10-20 minutes with a patient.

Staff at the 4 pilot sites are asking similar questions of a patient they suspect is subjected to violence/coercion.

Staff is not always clear on how far to push the issue with a patient.

Different cultures view family issues differently – staff doesn't want to be disrespectful by prying.

Some partners don't want the woman to use birth control

If staff suspect a patient is being abused they alert other staff to the situation

All staff loved the pocket cards from FVPF

Teens use entirely different verbiage and are very nonchalant about STDs and the number of partners they have.

Barriers to patient's disclosing and/or staff screening for dv/sv

Patient feels embarrassed, ashamed about disclosing violence/coercion.

Kids and/or spouse are in the exam room with the patient.

Not a citizen; they worry about being deported

Language and cultural differences between patient and staff.

Not knowing the difference between consensual and forced sex.

Fear of acknowledging it; fear of the unknown.
Feel they have no options – no money, don't know where to go.
See violence as normal – may have a family history of abuse.
For staff, lack of time with the patient and multiple issues to discuss.

What does staff need to know? What would staff like included in training?

Procedures to follow when a patient discloses violence/coercion.
What is the referral system? Resources in their area.
What questions to ask and how to ask them appropriately.
Role playing would be very helpful in acquiring necessary skills to use with patients.
Better understanding of dv/sv/coercion issues and terminology
Legal information – reporting responsibilities; legal routes for patients.
Cross-training with dv/sv staff.
Cultural issues: how to better understand cultural differences and how to address them.
Recognizing the signs or red flags of dv/sv they might currently be missing.
Need a proven screening tool.

Unique Situations

Huron County has an issue with spouses/parents coming into exam room w/patient.
Dayton-Montgomery staff person was confronted in her cubicle by an unhappy spouse/partner of a patient with the information she was given.
Knox Co. sees a lot of foster teens and teens from a group home.
Ashland Co. is part of a domestic violence consortium.
Wood Co. has good network established and employ a social worker 2 days a week.
Coshocton has a walk-in clinic; staff thinks patients may be more likely to disclose as a walk-in – less time to change their mind about disclosing.

RU Safe? Speak Up!

PROJECT CONNECT

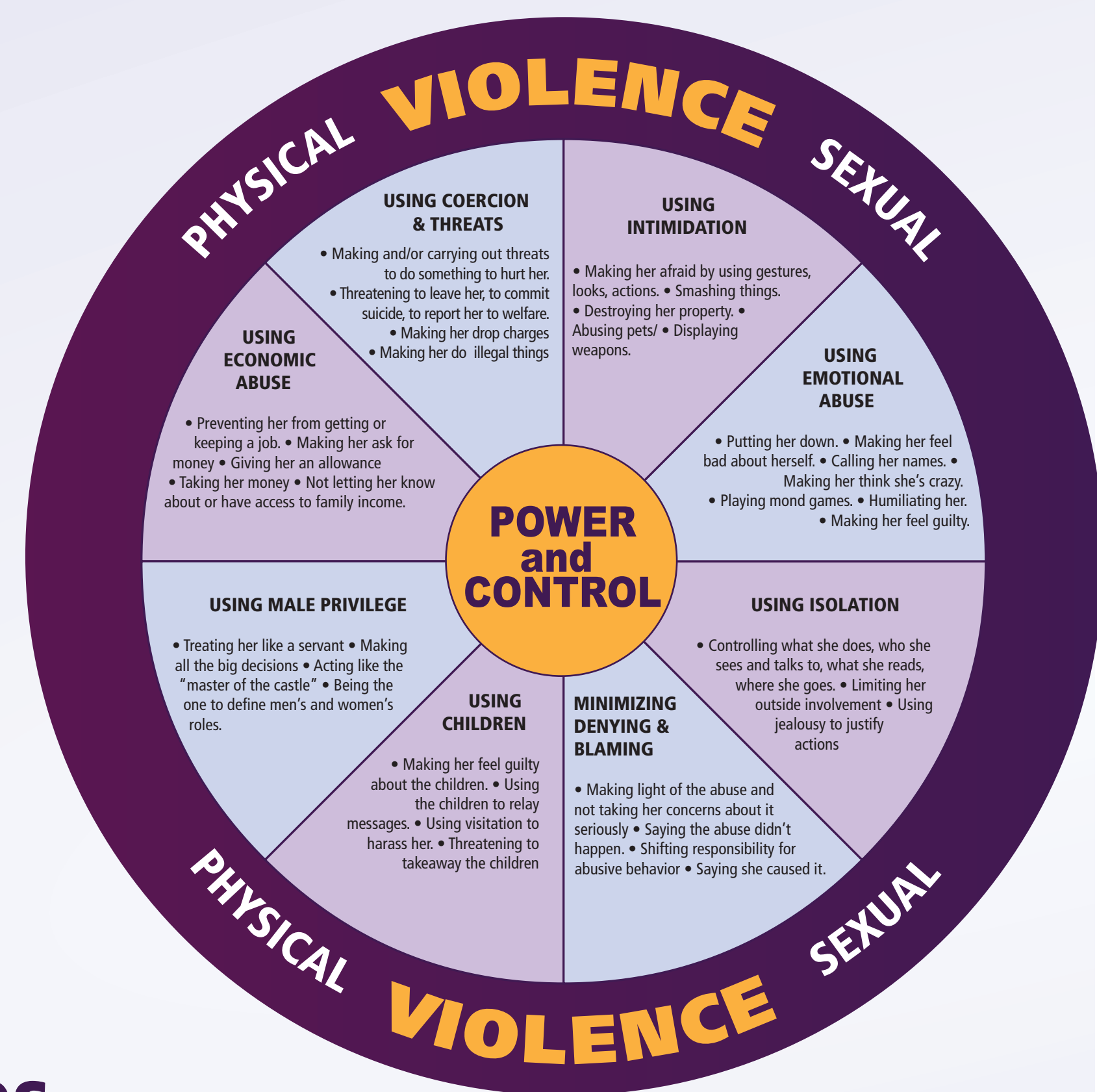
Securing Ohio's Future by Growing Healthy Relationships

Ohio Domestic Violence Network (ODVN) is 1 of 10 projects chosen by **Futures Without Violence** for **Project Connect** to educate family planning clients about Intimate Partner Violence. ODVN teamed up with the Ohio Department of Health Reproductive Health & Wellness Program (RHWP).

"In 2009, less than 1% of ODH family planning agencies reported client disclosure of Intimate Partner Violence."

Goal to improve:

- Screening
- Assessing
- Referring



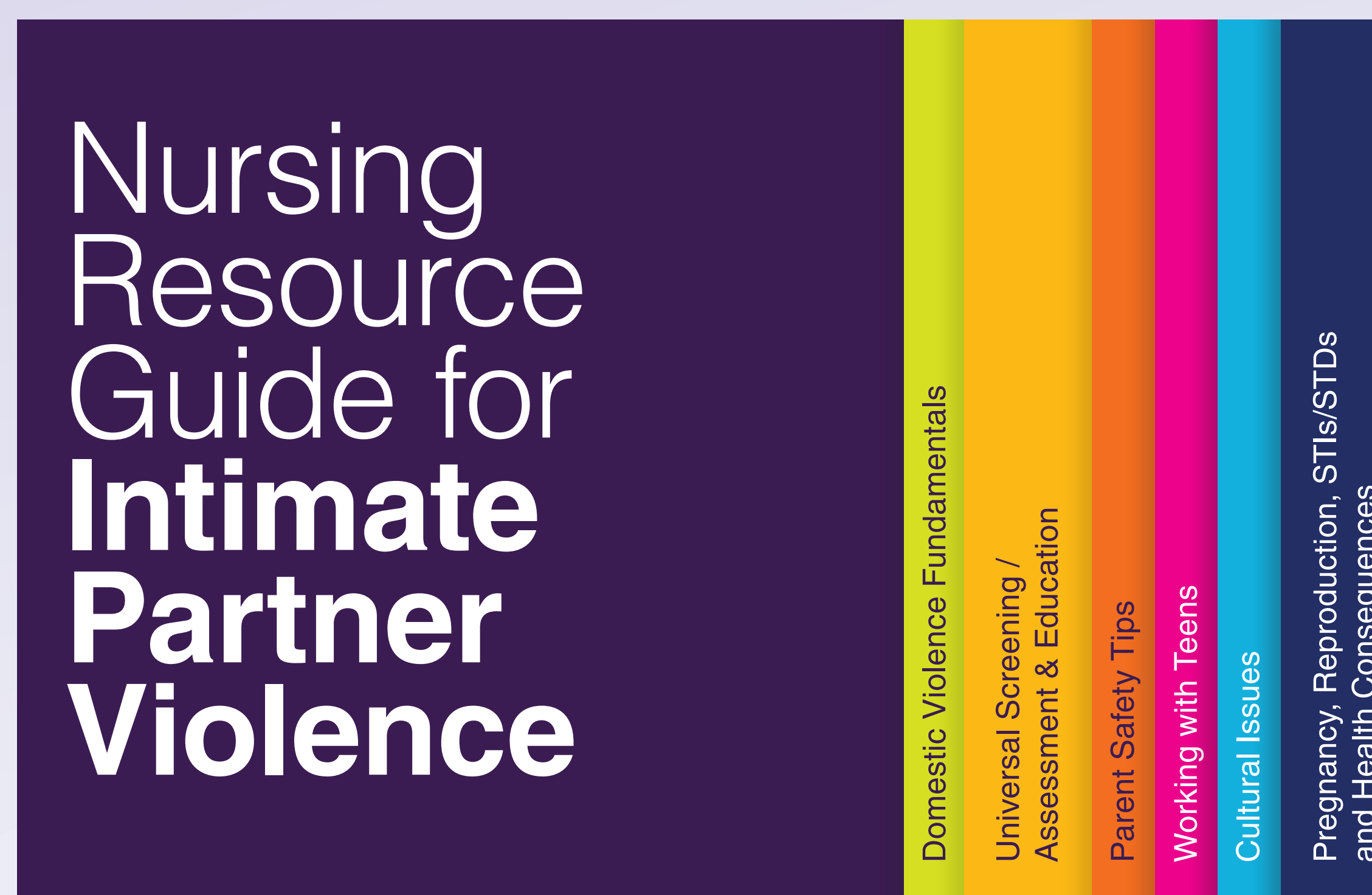
RHWP chose 4 pilot sites to participate in Project Connect

Conducted focus groups with family planning staff in 4 pilot sites in 5 counties, to ask:

1. What are current practices of screening, assessing, referring for IPV?
2. Does staff have previous training and knowledge of IPV?



The **Project Connect** team developed a reference tool for family planning staff to use when screening clients for IPV.



Training conference:

Futures Without Violence hosted a conference in the fall of 2010 for family planning staff, domestic violence and sexual violence shelter staff to begin fostering collaboration between the groups.

Training provided:

- Role playing
- Taped vignettes
- Scripting

Implementation:

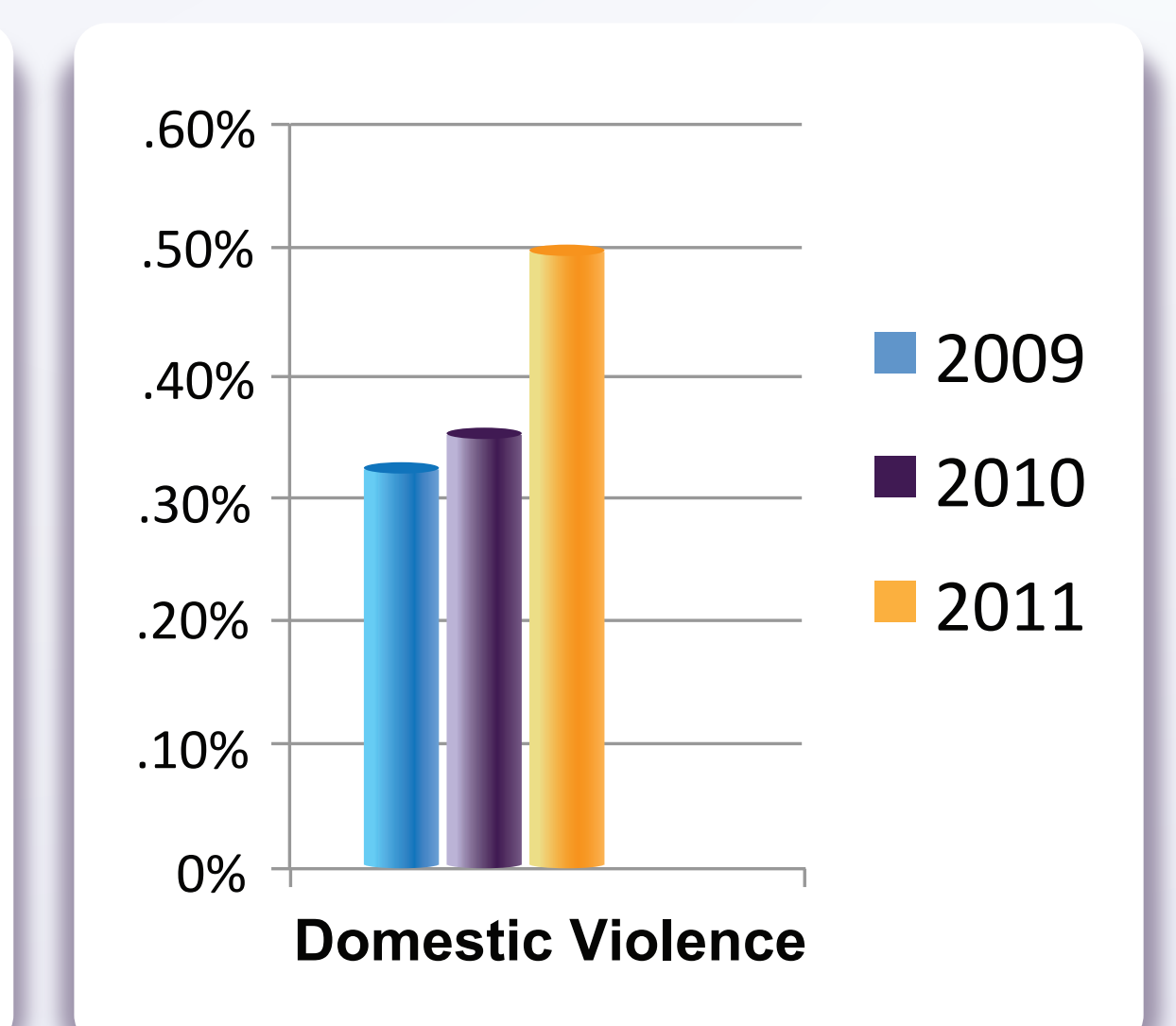
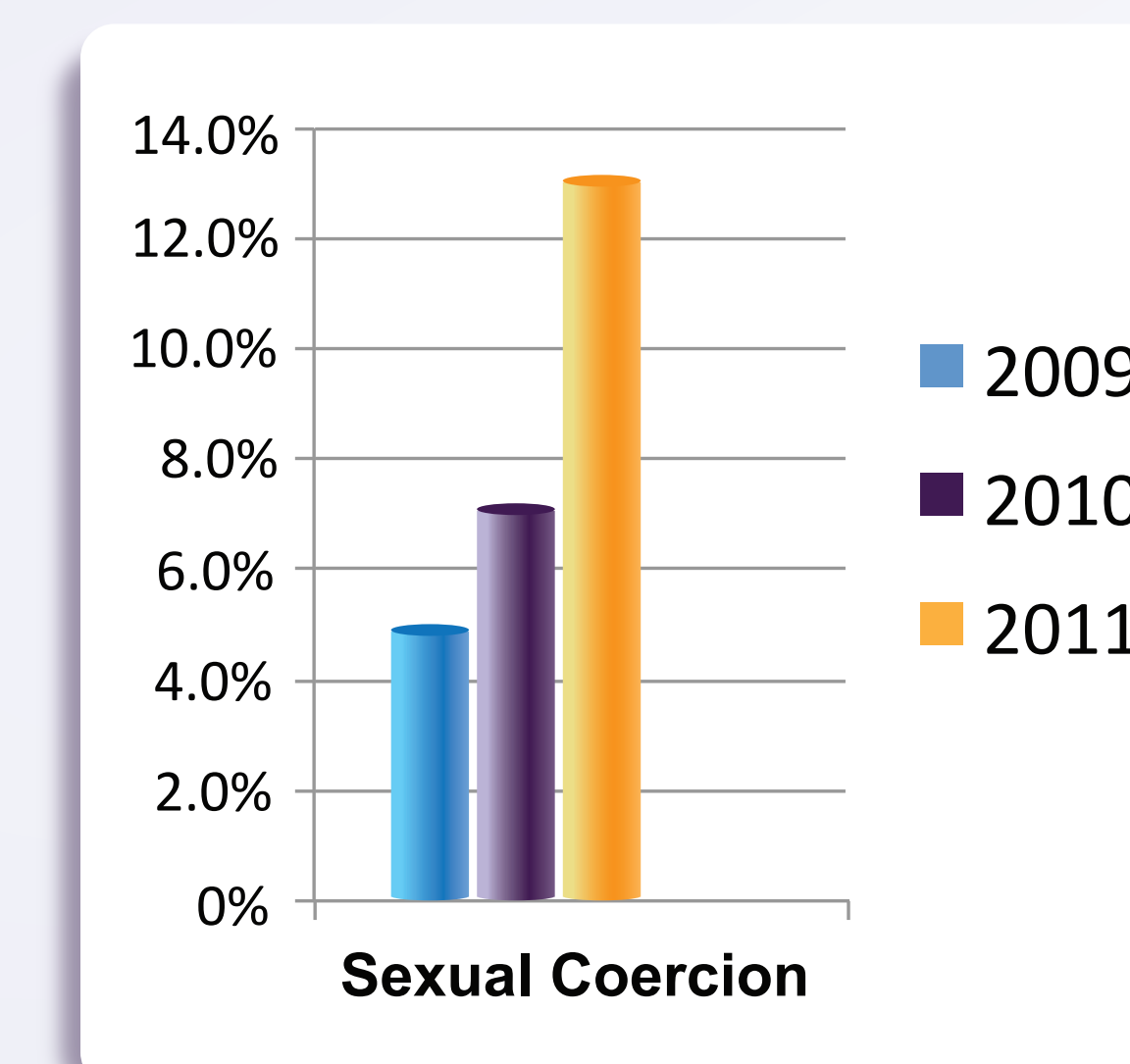
Clinicians began using the resource materials that were developed and began tracking statistics.



- Collaborative meetings between family planning and DV/SV shelters in the same geographic area.
- Cross-training between family planning and DV/SV shelters.

Results:

- 2 of the 4 pilots sites doubled their % of patients disclosing IPV



Next steps:

- 2nd round of focus group interviews
- Analyze the statistics
- Determine why some pilot sites have had more success than others

